Date:_____

Arizona Department of Health Services
Flu Vaccine Request Form

Fax to : 602.542.2722 or 602.364.3285

Doses in Vials Requested: _____ Preservative-free Syringes Requested: _____

Types of High-Priority Patients Served

(can select more than one)

- □ Nursing home/long-term care
- □ Persons 65 years of age or older
- □ Persons with chronic medical conditions
- □ Children aged 6 to 23 months
- □ Pregnant women
- □ Children receiving long-term aspirin therapy
- □ Care givers or household contacts of children less than 6 months
- □ Health care workers with **direct** patient care

Preferred Distributor

- □ ANDA
- □ ASD
- □ Besse
- □ Dubin Medical
- □ Expert-med
- □ FFF Enterprises
- □ McKesson
- □ Moore Medical
- □ Priority Healthcare
- □ PSS
- □ Rally Inc.
- □ Seacoast
- □ Stat Pharma
- □ Weinstein

Shipping Information

Facility Name: _____

Facility Type:

- □ Local Health Department
- □ Community Immunization Provider
- □ Hospital
- □ Other (fill in) _____
- □ Long Term-Care Facility
- □ Pediatrics
- □ Geriatrics
- □ Family Practice
- □ Obstetrics

Street Address : _____

City/County/State/Zip : _____

Contact Information

Primary Contact
Name : _____
Phone Number : _____
Alternate Phone Number : _____
E-mail: _____

Secondary Contact
Name : _____
Phone Number : _____
Alternate Phone Number : _____
E-mail: _____